



**Department of Veterans Affairs  
Office of Inspector General**

**Office of Healthcare Inspections**

**Report No. 13-00026-314**

**Community Based Outpatient  
Clinic Reviews  
at  
James A. Haley Veterans' Hospital  
Tampa, FL**

**September 18, 2013**

**Washington, DC 20420**

## **Why We Did This Review**

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

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## **Glossary**

C&P	credentialing and privileging
CBOC	community based outpatient clinic
CDC	Centers for Disease Control and Prevention
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
MH	mental health
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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## Executive Summary

**Purpose:** We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care.

We conducted an onsite inspection of the CBOCs during the week of July 22, 2013.

The review covered the following topic areas:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

For the WH and vaccinations topics, EHR reviews were performed for patients who were randomly selected from all CBOCs assigned to the respective parent facilities. The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
8	James A. Haley Veterans' Hospital	New Port Richey	New Port Richey, FL
		Zephyrhills	Zephyrhills, FL
Table 1. Sites Inspected			

**Review Results:** We made recommendations in two review areas.

**Recommendations:** The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

- Ensure that pneumococcal vaccines are administered when indicated.
- Ensure that clinicians document all required pneumococcal vaccine administration elements and that compliance is monitored.
- Ensure that fire drills are completed at the Zephyrhills CBOC as required.
- Ensure that signage is installed at the New Port Richey and Zephyrhills CBOCs to clearly identify the location of fire extinguishers.
- Ensure that patient privacy is maintained as required at the New Port Richey and Zephyrhills CBOCs.

## Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A-B, pages 12–15, for the full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

A handwritten signature in black ink, reading "John D. Daigh, Jr., M.D." in a cursive script.

JOHN D. DAIGH, JR., M.D.  
Assistant Inspector General for  
Healthcare Inspections

## Objectives and Scope

### Objectives

- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of cervical cancer screening, results reporting, and WH liaisons.
- Evaluate whether CBOCs properly provided selected vaccinations to veterans according to CDC guidelines and VHA recommendations.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.<sup>1</sup>
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.<sup>2</sup>

### Scope and Methodology

#### *Scope*

We reviewed selected clinical and administrative activities to evaluate compliance with requirements related to patient care quality and the EOC. In performing the reviews, we assessed clinical and administrative records as well as completed onsite inspections at randomly selected sites. Additionally, we interviewed managers and employees. The review covered the following five activities:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

#### *Methodology*

To evaluate the quality of care provided to veterans at CBOCs, we conducted EHR reviews for the WH and vaccinations topic areas. For WH, the EHR reviews consisted of a random sample of 50 women veterans (23–64 years of age). For vaccinations, the EHR reviews consisted of random samples of 75 veterans (all ages) and 75 additional veterans (65 and older), unless fewer patients were available, for the tetanus and

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<sup>1</sup> VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

<sup>2</sup> VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

pneumococcal reviews, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.<sup>3</sup>

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs. Two CBOCs were randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the numbers of CBOCs eligible to be inspected within each of the parent facilities.<sup>4</sup>

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

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<sup>3</sup> Includes all CBOCs in operation before October 1, 2011.

<sup>4</sup> Includes 96 CBOCs in operation before October 1, 2011, that had 500 or more unique enrollees.



## CBOC Profiles

To evaluate the quality of care provided to veterans at CBOCs, we designed reviews with an EHR component to capture data for patients enrolled at all of the CBOCs under the parent facility's oversight.<sup>5</sup> The table below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality <sup>6</sup>	Uniques, FY 2012 <sup>7</sup>	Visits, FY 2012 <sup>8</sup>	CBOC Size <sup>9</sup>
8	James A. Haley Veterans' Hospital	Brooksville (Brooksville, FL)	Urban	6,322	48,339	Large
		Lakeland (Lakeland, FL)	Urban	9,103	61,708	Large
		New Port Richey (New Port Richey, FL)	Urban	14,845	194,749	Very Large
		Zephyrhills (Zephyrhills, FL)	Urban	3,238	15,866	Mid-Size
Table 2. CBOC Profiles						

<sup>5</sup> Includes all CBOCs in operation before October 1, 2011.

<sup>6</sup> <http://vaww.pssg.med.va.gov/>

<sup>7</sup> <http://vssc.med.va.gov>

<sup>8</sup> <http://vssc.med.va.gov>

<sup>9</sup> Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (> 10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (< 1,500).

## WH and Vaccination EHR Reviews Results and Recommendations

### WH

Cervical cancer is the second most common cancer in women worldwide.<sup>10</sup> Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.<sup>11</sup> The first step of care is screening women for cervical cancer with the Papanicolaou ("Pap") test. With timely screening, diagnosis, notification, and treatment, the cancer is highly preventable and associated with long survival and good quality of life.

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.<sup>12</sup> We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient's EHR.
	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
	Patients were notified of results within the defined timeframe.
	Each CBOC has an appointed WH Liaison.
	There is evidence that the CBOC has processes in place to ensure that WH care needs are addressed.
<b>Table 3. WH</b>	

There were 35 patients who received a cervical cancer screening at the James A. Haley Veterans' Hospital's CBOCs. Generally, the CBOCs assigned to the James A. Haley Veterans' Hospital were compliant with the review areas; therefore, we made no recommendations.

### Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccines.<sup>13</sup> The NCP provides best practices guidance on the administration of vaccines for veterans. The CDC states that although vaccine-preventable disease levels are at or

<sup>10</sup> World Health Organization, *Comprehensive Cervical Cancer Prevention and Control: A Healthier Future for Girls and Women*, Retrieved (4/25/2013): <http://www.who.int/reproductivehealth/topics/cancers/en/index.html>.

<sup>11</sup> U.S. Cancer Statistics Working Group, United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report.

<sup>12</sup> VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

<sup>13</sup> VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

near record lows, many adults are under-immunized, missing opportunities to protect themselves against tetanus and pneumococcal diseases.

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals who have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccination, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination.

We reviewed documentation of selected vaccine administrations and interviewed key personnel. Table 4 shows the areas reviewed for this topic. The review elements marked, as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	Staff screened patients for the tetanus vaccination.
	Staff administered the tetanus vaccine when indicated.
	Staff screened patients for the pneumococcal vaccination.
X	Staff administered the pneumococcal vaccine when indicated.
X	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.
<b>Table 4. Vaccinations</b>	

#### Pneumococcal Vaccination Administration for Patients with Pre-Existing Conditions.

The CDC recommends that at the age of 65, individuals that have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccination, a one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination. We reviewed the EHRs of seven patients with pre-existing conditions who received their first vaccine prior to the age of 65. We did not find documentation in any of the EHRs indicating that a second pneumococcal vaccination had been administered.

Documentation of Pneumococcal Vaccination. Federal Law requires that documentation for administered vaccines include specific elements, such as the vaccine manufacturer and lot number of the vaccine used.<sup>14</sup> We reviewed the EHRs of 25 patients who received pneumococcal vaccine administration at the parent facility or its associated CBOCs and did not find documentation of all the required information related to pneumococcal vaccine administration in 13 of the EHRs.

### **Recommendations**

1. We recommended that managers ensure that clinicians administer pneumococcal vaccines when indicated.

<sup>14</sup> Childhood Vaccine Injury Act of 1986 (PL 99 660) sub part C, November 16, 2010.

**2.** We recommended that managers ensure that clinicians document all required pneumococcal vaccine administration elements and that compliance is monitored.

## Onsite Reviews Results and Recommendations

### CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information for the randomly selected CBOCs (see Table 5).

	<b>New Port Richey</b>	<b>Zephyrhills</b>
<b>VISN</b>	8	8
<b>Parent Facility</b>	James A. Haley Veterans' Hospital	James A. Haley Veterans' Hospital
<b>Types of Providers</b>	Licensed Clinical Social Worker Nurse Practitioner Physician Assistant Primary Care Physician Psychiatrist Psychologist	Nurse Practitioner Primary Care Physician Psychiatrist Psychologist
<b>Number of MH Uniques, FY 2012</b>	4,207	624
<b>Number of MH Visits, FY 2012</b>	25,539	3,257
<b>MH Services Onsite</b>	Yes	Yes
<b>Specialty Care Services Onsite</b>	Cardiology Dental Dermatology Gastrointestinal Optometry Podiatry WH	None
<b>Ancillary Services Provided Onsite</b>	Electrocardiogram Laboratory Nutrition Pharmacy Prosthetics Radiology	Electrocardiogram Laboratory
<b>Tele-Health Services</b>	Dermatology Gastrointestinal MOVE! <sup>15</sup> Pain Speech Pathology Care Coordination Home Telehealth	Dermatology MOVE! Care Coordination Home Telehealth

**Table 5. Characteristics**

<sup>15</sup> VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

## C&P

We reviewed C&P folders, scopes of practice, meeting minutes, and VetPro information and interviewed senior managers to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.<sup>16</sup> Table 6 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Each provider's license was unrestricted.
	<b>New Provider</b>
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the medical staff's Executive Committee.
	<b>Additional New Privilege</b>
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
	<b>FPPE for Performance</b>
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
	<b>Privileges and Scopes of Practice</b>
	The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	Privileges granted to providers were setting, service, and provider specific.
<b>Table 6. C&amp;P</b>	

<sup>16</sup> VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	The determination to continue current privileges was based in part on results of Ongoing Professional Practice Evaluation activities.
<b>Table 6. C&amp;P</b>	

All CBOCs were compliant with the review areas; therefore, we made no recommendations.

## EOC and Emergency Management

### EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. We reviewed relevant documents and interviewed key employees and managers. Table 7 shows the areas reviewed for this topic. The CBOC identified, as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	The CBOC was Americans with Disabilities Act-compliant, including parking, ramps, door widths, door hardware, restrooms, and counters.
	The CBOC was well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC was clean (walls, floors, and equipment are clean).
	Material safety data sheets were readily available to staff.
	The patient care area was safe.
	Access to fire alarms and fire extinguishers was unobstructed.
	Fire extinguishers were visually inspected monthly.
	Exit signs were visible from any direction.
Zephyrhills	Fire drills were completed annually.
	There was evidence of fire drills occurring at least annually.
New Port Richey Zephyrhills	Fire extinguishers were easily identifiable.
	There was evidence of an annual fire and safety inspection.
	There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	The CBOC had a process to identify expired medications.
	Medications were secured from unauthorized access.
New Port Richey Zephyrhills	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.

NC	Areas Reviewed (continued)
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
	Information Technology security rules were adhered to.
	There was alcohol hand wash or a soap dispenser and sink available in each examination room.
	Sharps containers were less than 3/4 full.
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles).
	The CBOC was included in facility-wide EOC activities.
<b>Table 7. EOC</b>	

**Fire Safety.** The Joint Commission requires fire drills be conducted at least annually.<sup>17</sup> The Zephyrhills CBOC exceeded the 12-month requirement for completing fire drills.

**Fire Extinguishers.** The National Fire Protection Association requires identification of fire extinguisher locations when they are obscured from view.<sup>18</sup> The New Port Richey and Zephyrhills CBOCs had no signage identifying the location of fire extinguishers at three locations within each CBOC.

**Patient Privacy.** The Joint Commission requires that patients' right to privacy be respected.<sup>19</sup> The New Port Richey did not provide privacy curtains in examination rooms and placed examination tables with the feet facing the entry door. The Zephyrhills CBOCs placed examination tables with the feet facing the entry door.

## Recommendations

3. We recommended that managers ensure that fire drills be completed at the Zephyrhills CBOC as required.
4. We recommended that managers ensure that signage is installed at the New Port Richey and Zephyrhills CBOCs that clearly identifies fire extinguisher locations.
5. We recommended that managers ensure that patient privacy is maintained as required at the New Port Richey and Zephyrhills CBOCs.

## Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.<sup>20</sup> Table 8 shows the areas reviewed for this topic.

<sup>17</sup> The JC Hospital Accreditation Program Manual 2009 Edition, Standard EC.02.03.01, and EC.02.03.03 (EP5).

<sup>18</sup> National Fire Protection Association, Standard for Portable Fire Extinguishers, 10.6.1.3.3.1.

<sup>19</sup> The JC Hospital Accreditation Program Manual 2009, Edition, Standard RI.01.01.01 (EP7).

<sup>20</sup> VHA Handbook 1006.1.



<b>NC</b>	<b>Areas Reviewed</b>
	There was a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC had an automated external defibrillator onsite for cardiac emergencies.
	There was a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.
<b>Table 8. Emergency Management</b>	

All CBOCs were compliant with the review areas; therefore, we made no recommendations.

## VISN 8 Director Comments

Department of  
Veterans Affairs

Memorandum

**Date:** September 4, 2013

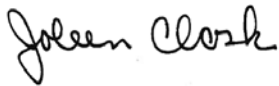
**From:** Director, VISN 8 (10N8)

**Subject:** CBOC Reviews at James A. Haley Veterans' Hospital

**To:** Director, Bay Pines Regional Office of Healthcare  
Inspections (54SP)

Acting Director, Management Review Service (VHA 10AR  
MRS OIG CAP CBOC)

1. I have reviewed and concur with the findings and recommendations in the report of the OIG CBOC.
2. Corrective action plans have been established with planned completion dates, as detailed in the attached report.



Joleen Clark, MBA, FACHE

## James A. Haley Veterans' Hospital Director Comments

Department of  
Veterans Affairs

Memorandum

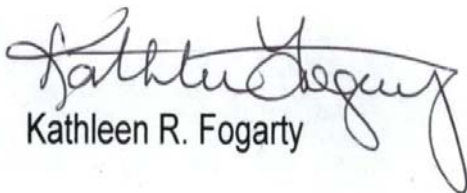
**Date:** August 28, 2013

**From:** Director, James A. Haley Veterans' Hospital (673/00)

**Subject:** CBOC Reviews at James A. Haley Veterans' Hospital

**To:** Director, VISN 8 Sunshine Network (10N8)

1. I have reviewed and concur with the findings and recommendations in the report of the OIG CBOC review.
2. Corrective action plans have been established with planned completion dates, as detailed in the attached report.



Kathleen R. Fogarty

## Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

### **OIG Recommendations**

1. We recommended that managers ensure that clinicians administer pneumococcal vaccines when indicated.

Concur

Target date for completion: November 13, 2013

Facility Response: On June 17, 2013, the Clinical Applications Coordinators implemented a clinical reminder template with enhanced reminder logic that supports timely re-vaccination for those patients who received their first vaccine prior to the age of 65. Training on the new clinical reminder template was conducted in June 2013 to nursing staff and July 2013 to providers. The facility will monitor the status of proper documentation of pneumococcal vaccinations for three months or until greater than 90 percent compliance is achieved and report monthly to the Performance Improvement Committee and document in the minutes.

2. We recommended that managers ensure that clinicians document all required pneumococcal vaccine administration elements and that compliance is monitored.

Concur

Target date for completion: November 13, 2013

Facility response: On June 17, 2013, the Clinical Applications Coordinators implemented a clinical reminder template to include all elements required for proper documentation of vaccinations. This clinical reminder template was incorporated into vaccination documentation after the time period of Electronic Health Record review performed by OIG. Training on the new clinical reminder template was conducted in June 2013 to nursing staff and July 2013 to providers. The facility will monitor the status of proper documentation of pneumococcal vaccinations for three months or until greater than 90 percent compliance is achieved and report monthly to the Performance Improvement Committee and document in the minutes.

3. We recommended that managers ensure that fire drills be completed at the Zephyrhills CBOC as required.

Concur

Target date for completion: September 12, 2013

Facility response: A listing of all fire drill dates has been developed for the year and ensures drills are completed with frequency of every 12 months (within +/- 30 days of the previous drill date). The next fire drill for the Zephyrhills CBOC is scheduled for September 3, 2013 (prior drill done September 28, 2012). Fire drill frequency will be monitored quarterly at EOC Committee and documented in the minutes.

4. We recommended that managers ensure that signage is installed at the New Port Richey and Zephyrhills CBOCs that clearly identifies fire extinguisher locations.

Concur

Target date for completion: Completed on July 25, 2013

Facility response: Signage was installed at the New Port Richey and Zephyrhills CBOCs to clearly identify the location of fire extinguishers. Completion of this recommendation will be reported to the EOC Committee and documented in the minutes.

5. We recommended that managers ensure that patient privacy is maintained as required at the New Port Richey and Zephyrhills CBOCs.

Concur

Target date for completion: December 13, 2013

Facility response:

- a. Privacy curtains were installed in all exam suites at the New Port Richey (NPR) CBOC as of August 20, 2013. (completed)
- b. The NPR CBOC performed a review of all examination tables to assess for appropriate positioning. Only one examination table was found to have the feet facing the entry door. This table was appropriately repositioned on August 23, 2013. (completed)
- c. The Zephyrhills CBOC staff identified five (5) examination tables that have the feet facing the entry door. (completed) The COR of the CBOC will coordinate with the owner of the leased building to have those examination tables repositioned so the feet are not facing the entry door.
- d. The completion of these items will be reported to the EOC committee and documented in the minutes.

## OIG Contact and Staff Acknowledgments

<b>Contact</b>	For more information about this report, please contact the OIG at (202) 461-4720.
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Director, James A. Haley Veterans' Hospital (673/00)

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